VICTOR Participant Manual

Veteran-Informed Care Training on Responsivity

For court system staff with justice-involved veteran contact

Center for Court Innovation

NIC National Institute of Corrections

An initiative of the National Institute of Corrections in partnership with the Center for Court Innovation

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Contents

Course Description

The Veteran-Informed Care Training on Responsivity (VICTOR) is a training curriculum designed for criminal justice practitioners to gain specialized knowledge and skills for working with veterans. Data consistently shows that court based interventions and programs are most effective when practitioners have specialized training. Accordingly, VICTOR is designed to help practitioners understand the unique needs of veterans and their underlying criminogenic risk factors. The VICTOR curriculum is an educational resource on responsivity issues related to working with justice-involved veterans.

There are approximately 23 million veterans living in the United States, representing over seven percent of the U.S. population. Many active-duty soldiers return home with chronic nightmares, flashbacks, and emotional hypersensitivity—and many veterans are diagnosed with PTSD upon return. Countless others suffer daily from the side effects of trauma, yet do not come to the attention of mental health or medical providers.

Due to the ongoing conflicts in Iraq and Afghanistan, the United States is facing an additional influx of veterans who return home only to face new battles with mental illness, substance abuse, intimate partner violence, homelessness, and despair. The over two million U.S. troops deployed to Afghanistan and Iraq display an incidence of psychological damage significantly higher than the incidence of physical injuries. Approximately one out of six veterans returning from the conflicts in Afghanistan and Iraq has a substance use disorder, and one in five has symptoms of a mental health disorder or cognitive impairment. By 2008, 20 percent of Iraq and Afghanistan veterans had been diagnosed with depression or PTSD, both afflictions that have been shown to increase the likelihood of substance abuse and violent behavior.

As in the general population, veterans experiencing mental health disorders or substance abuse problems frequently exhibit behavioral symptoms that place them at risk for justice system involvement. In 2008, research on hospitalized veterans found that alcohol and drug problems appeared to account for much of the risk of incarceration among this population and an estimated 60 percent of the 140,000 veterans in prison have a substance abuse problem. A study by the Department of Justice's Bureau of Justice Statistics in 2004 found that nearly one in ten inmates in U.S. jails had prior military service.

The criminal justice system and the professionals who work within it must be responsive to the needs of veterans who come through the nation's police stations, courthouses, and jails. Veterans treatment courts are one popular avenue for addressing the needs of veterans in the criminal justice system. However, there are other types of programs, skills, and approaches which can help courthouses and practitioners practice "veteran-informed care." The course will cover these programs, skills, and approaches so that practitioners can be more responsive to the needs of veterans in the criminal justice system.

Introduction to VICTOR

Overview

This curriculum begins by welcoming participants and introducing the trainer(s). It is designed to help participants feel comfortable and get to know the others in the room. Establishing rapport and putting the participants at ease will invite more open communication and sharing throughout the training. This module also explains the rationale for the training and provides an overview of the agenda for the four and a half-day course.

Performance Objectives for Participants

- Understand the purpose of the training and expectations for the trainers, the training, and participants
- Learn about the five modules of the course and the objectives for each one
- Identify the goals you have for yourself in their current professional positions

VICTOR Course Objectives

After completing this training, you will be able to:

- understand the difference between explicit vs. implicit military culture;
- understand how veteran and military culture may impact a veteran's experience and behavior in the courtroom setting;
- understand the basics of risk, need, and responsivity;
- demonstrate active listening skills;
- understand the landscape of services available for veterans; and
- understand how the confluence of mental health, substance use, and military experience may lead to interactions with the criminal justice system.

The curriculum is divided into five substantive modules, covering the following topics:

1. **Military and Veteran Culture.** Module 1 provides information and insight into military and veteran culture. **Lesson 1: Military Culture** contains an overview of military structure, service roles, and major aspects of military culture. **Lesson 2: Veteran Culture** asks you to consider the question, *who* is a veteran? Once you have explored the criteria used to determine veteran status, participants will learn how the challenges involved in the transition from the military back to civilian life leads some veterans to become justice-involved.

2. **Risk Assessment.** In **Lesson 1: Risk, Need, and Responsivity**, you learn how evidence-based screening and assessment is used to differentiate offenders according to risk level and needs. You will be introduced to the risk-need-responsivity model of offender rehabilitation and deepen your understanding of this model through independent study, group discussions, and activities. In **Lesson 2:**

Risk Assessment for Veterans, participants learn how risk assessment can be utilized specifically with the justice-involved veteran population.

3. **Mental Health and Substance Use**. Module 3 introduces the ways in which mental health and substance use disorders affects veterans, including the context in which they experience trauma, common symptoms of mental health disorders, and treatment approaches. **Lesson 1: Mental Health**, gives participants an overview of mental health issues prevalent in justice-involved veteran populations, and related treatment approaches. **Lesson 2: Substance Use**, informs participants about common substance use disorders amongst veterans, and discusses the relationship between substance use and mental health.

4. **Navigating Veterans' Resources**. Module 4 provides guidance on navigating the variety of important benefits and services available to veterans and to their families from the Department of Veterans Affairs and other agencies. **Lesson 1: Navigating the U.S. Department of Veterans Affairs** discusses the source of the most well-known veterans' benefits, the federal Department of Veterans Affairs. **Lesson 2: Other Veterans Resources** identifies and explains useful resources outside the federal VA, including state departments of veterans affairs, community-based organizations, and the so-called Big Six veteran service organizations.

5. **Responsivity and Justice-Involved Veterans**. In **Lesson 1: Case Management**, you will receive an overview of case management, including the functions and tasks of the case manager, and discover how case management can improve outcomes for justice-involved veterans. In **Lesson 2: Responsivity in the Criminal Justice System**, participants discuss several aspects of responsivity in the criminal justice system: veterans treatment courts, procedural justice, domestic violence issues, and corrections-based programming. Lesson 2 also introduces the sequential intercept model for justice-involved veterans and explains how this model can help practitioners identify opportunities for linkage to services, and prevent further involvement in the criminal justice system.

Module 1: Military and Veteran Culture

Module Overview

For all veterans, the culture of the military plays a significant and lifelong role in rehabilitation and the transition back to civilian life. To work effectively with justice-involved veterans, it is critical to understand the ways in which military culture may impact a veteran's thoughts, feelings, and behaviors. This module will provide information and insights into explicit and implicit aspects of military and veterans' culture. Lesson 1: Military Culture contains an overview of military structure, service roles, and major aspects of military culture. In Lesson 2: Veteran Culture, you will explore the different criteria used to determine veteran status and begin to learn about the challenges associated with the transition from military to civilian life.

Performance Objectives for Participants

- Gain fluency in military and veteran culture, including a better understanding of military structure, branches, and missions
- Recognize the issues related to military service that may contribute to a veteran's involvement in the criminal justice system
- Understand some of the challenges of transitioning from military to civilian life

References and Recommended Reading

Bellavia, D., & Bruning, J. R. (2007). *House to House: An Epic Memoir of War*. New York: Free Press.

Kraft, H. S. (2012). *Rule Number Two: Lessons I Learned in a Combat Hospital.* New York: Back Bay Books.

Military websites:

- https://www.army.mil
- http://www.marines.mil
- http://www.navy.mil
- http://www.af.mil

Lesson 1: Military Culture

Lesson Preview:

Military service is a profound experience that most civilians do not understand. This lesson gives an overview of the structure of the military, including branches, missions, and service roles, as well as elements of military culture, such a boot camp, discipline, duty, honor, and issues faced by women in service. The information contained in this lesson will increase your awareness of military culture, and the unique ways that military ideals and core values continue to impact veterans long after service ends.

Topics:

- Overview of Military Structure
- Categories of Military Personnel
- Recruit Training
- Cultural Elements of the Military
- Women in the Military
- Conclusion

Lesson 2: Veteran Culture

Lesson Preview:

In Lesson 2, you will delve into the implicit and explicit aspects of veteran culture and discuss varying criteria for what makes someone a veteran. This lesson explains how criminal justice professionals can, and should, be identifying veterans at all stages of criminal justice processing. In addition, you will become familiar with different veteran discharge status designations and gain an understanding of the relationship between discharge status and veteran benefits eligibility. Finally, you will examine some challenges veterans frequently face when they return to civilian life, and how these challenges increase veterans' potential for justice-involvement.

Topics:

- Introduction to Veteran Culture
- Who is a Veteran?
- Vietnam Veterans
- Iraq/Afghanistan Veterans
- Types of Discharges
- Reunion and Reintegration
- Skills Building: Veteran Identification
- Module 1 Conclusion

Module 1 Quiz

1. What 5 branches make up the U.S. Armed Forces?

_____

_____

_____

_____

_____

2. How does an active-duty service role differ from a service role in the Reserves or National Guard?

_____

_____

_____

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_____

3. What are the 5 types of military discharge, and why is a veteran's discharge status important?

_____

_____

_____

_____

_____

4. What are two reasons that veterans might have difficulty finding employment upon reentering the civilian job market?

_____

_____

_____

_____

_____

5. Individuals should be screened for veteran status as soon as they enter the criminal justice system, and at every subsequent stage in criminal justice processing.	TRUE	FALSE

Notes

Module 2: Risk Assessment

Module Overview

This module is intended to help you develop an understanding of the research that drives concepts and expectations around risk of recidivism for justice-involved veterans. In Lesson 1: Risk, Need, and Responsivity, you'll learn how evidence-based screening and assessment can help differentiate offenders both by their future risk of re-offending and their unique needs. Through independent study, group discussions, and activities, you will learn about the Risk-Need-Responsivity (RNR) model of offender rehabilitation. In Lesson 2: Risk Assessment for Veterans, you will learn how risk assessment and the RNR framework can inform decision-making and promote better outcomes for justice-involved veterans.

Performance Objectives for Participants

- Demonstrate an understanding of risk, need, responsivity theory
- Identify the most influential risk factors and criminogenic needs among military veterans
- Demonstrate an understanding of the risk principle and the need principle by utilizing risk and need information to develop evidence-based case plans
- Identify commonly used risk and need assessment tools in the criminal justice system, and how those tools may be used with veterans

References and Recommended Reading

Blodgett, J.C., Fuh, I.L., Maisel, N.C., & Midboe, A.M. (2013). *A structured evidence review to identify treatment needs of justice-involved veterans and associated psychological interventions*. Menlo Park, CA: Center for Health Care Evaluation, VA Palo Alto Health Care System. Retrieved from http://www.ncdsv.org/images/va_structured-evidence-review-to-identify-treatmentneeds-of-justice-involved-veterans_2013.pdf

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Norman, S.B., Schmied, E., & Larson, G.E. (2014). Predictors of continued problem drinking and substance use following military discharge. *Journal of Studies on Alcohol and Drugs, 75*(4), 557–566.

Substance Abuse & Mental Health Services Administration (2012). Behavioral health issues among Afghanistan and Iraq U.S. war veterans (In brief fact sheet, vol. 7, issue 1). Rockville, MD: Author. Retrieved from http://store.samhsa.gov/shin/content//SMA12-4670/SMA12-4670.pdf

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Lesson 1: Risk, Need, Responsivity

Lesson Preview:

The Risk-Need-Responsivity (RNR) model is an effective, evidence-based approach to assessment, treatment, and rehabilitation. This lesson introduces the RNR model and its implications for practitioners, including how it can be used to identify appropriate interventions and treatment approaches. By the end of the lesson, you will understand the principles of risk, need, and responsivity that make up the RNR framework. Additionally, you will learn how adherence to core RNR principles can improve treatment outcomes and reduce rates of recidivism in justice-involved veteran populations.

Topics:

- Foundations of Screening and Assessment
- Screening vs. Assessment
- Overview of Risk-Need-Responsivity Theory
- The Risk Principle
- The “Big Eight” Criminogenic Risk Factors
- The Need Principle
- The Responsivity Principles
- Predicting Recidivism: Clinical v. Actuarial Decision-Making

Lesson 2: Risk Assessment for Veterans

Lesson Preview:

Although the principles of risk assessment for the general population apply to veterans, there is some research that suggests that additional factors prevalent in the veterans population may play a role in predicting risk. This lesson begins with a discussion of those factors and then goes on to describe one effort by the National Institute of Corrections to create a set of screening, assessment, and case planning tools designed specifically for the veterans population. Another case planning tool—the Quadrant Model—will be discussed, and participants will have an opportunity to apply the knowledge they gain through a case planning exercise.

Topics:

- Additional Risk Factors for Veterans
- The *Veterans Treatment Court Enhancement Initiative*
- The Quadrant Model
- Activity: Quadrant Model Case Vignettes

Case Planning Protocol

Risk Level	RNR Supervision Level
Minimal Risk (0-19)	Court 1x week for four weeks, every other week for next month, monthly thereafter Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) Drug testing & SCRAM as indicated 9-12 month term of participation
Low Risk (20-39)	Court 1x week for four weeks, every other week for next month, monthly thereafter Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) Drug testing & SCRAM as indicated 12-15 month term of participation
Moderate Risk (40-59)	Court 1x week for three months, every other week for next month, monthly thereafter Probation (in person) weekly for first 3-4 months, then less frequently as indicated Drug testing & SCRAM as indicated 15-18 months term of participation
High Risk (60+)	Court 1x week for four months, every other week for next month, monthly thereafter Probation (in person) weekly for first 6 months, then less frequently as indicated Drug testing & SCRAM as indicated

Activity: Quadrant Model Case Vignettes

Vignette 1

George Smith is a 20-year-old who joined the army after earning a two-year Associate's Degree in accounting from a local community college. While serving at an army base in Iraq, he stepped on a concealed improvised explosive device (IED) and lost his right leg below the knee, suffered permanent injury to his right eye and severe head trauma. Edema (pressured swelling) in the left temporal lobe of his brain eventually subsided, but he continues to experience migraine headaches accompanied by diffuse anxiety, heart palpitations, nausea, and brief intervals of memory loss. He received an honorable discharge with a Purple Heart for his injuries sustained during combat.

After leaving the army, George reportedly began self-medicating with alcohol and illegally-obtained hydrocodone, a prescription opioid commonly used for pain that can be highly addictive. He was arrested for misdemeanor illicit possession of a controlled substance (hydrocodone pills). Given the large number of pills–400 capsules–in his possession, he was also charged with possession with intent to distribute a controlled substance, felony. He has no prior criminal record and no previous involvement in mental health or substance use treatment.

Which risk/need quadrant does this person appear to fall into?

_____

_____

What risk factors and need factors led you to this conclusion?

_____

_____

What services, if any, should this person receive?

_____

_____

What services, if any, should this person *not* receive?

_____

_____

Vignette 2

John Jones is a 19-year-old who enlisted in the Marine Corps as soon as he turned 18. His father insisted that he join the Marines or he would be kicked out of his home and forced to live on his own. John has a juvenile record including four arrests for possession of alcohol by a minor, public intoxication, vandalism of a school gymnasium, and assault involving a fight with a peer at school. John has been truant frequently from school beginning in the middle of the 8th grade, and he was held back in the 10th grade. He began using marijuana on a weekly, and then a daily, basis at age 15, and began using cocaine and amphetamines daily starting when he was 17. He has been in residential addiction treatment three times, each time running away or signing himself out against medical advice.

John continued to have problems in the Marines. He was constantly getting into fights with his peers and being insubordinate to his superior officers. He received a General Discharge (under honorable conditions) because of his inability to adjust to military life. He returned home, soon got into an argument with his father, and was arrested for creating a domestic disturbance while in possession of a controlled substance (methamphetamines).

Which risk/need quadrant does this person appear to fall into?

_____

_____

What risk factors and need factors led you to this conclusion?

_____

_____

What services, if any, should this person receive?

_____

_____

What services, if any, should this person *not* receive?

_____

_____

Vignette 3

Janet Brown spent four years in the Coast Guard. After she was honorably discharged, she began attending college on the GI Bill. In her junior year, she was arrested after a frat party for driving under the influence (DUI) of alcohol and marijuana. Because she had a prior alcohol-related incident during her freshman year involving public intoxication and creating a public disturbance (also at a frat party), she was not eligible for the jurisdiction's pretrial diversion program.

Which risk/need quadrant does this person appear to fall into?

_____

_____

What risk factors and need factors led you to this conclusion?

_____

_____

What services, if any, should this person receive?

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_____

What services, if any, should this person *not* receive?

_____

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Vignette 4

Harry Spencer was a troubled teenager who frequently got into scrapes with the law, but was usually bailed out by his wealthy parents and their high-priced lawyers. He was arrested several times in his mid-teens for vandalism, public nuisance, and petty theft. In each instance, his lawyers managed to get the charges dropped or reduced to a juvenile status offense, including minor in possession of alcohol or noncriminal trespass. Recently, at age 18, he was arrested for breaking and entering (B&E) a business after hours when no one was present, and two days later for B&E of a home during the afternoon, again when no one was present. Worried that his criminal activity was escalating and could lead to a robbery or assault charge, his parents arranged for him to join the Army Reserves and spend long weekends and other extended periods away from their township.

After three loud arguments and physical altercations with fellow reservists and one altercation with a junior officer, he received an other-than-honorable discharge. He has no history of alcohol, drug, or mental health treatment, although he does acknowledge occasional non-compulsive use of alcohol, marijuana, cocaine, and "downers," which he uses to relax when he gets angry and tense.

Which risk/need quadrant does this person appear to fall into?

_____

_____

What risk factors and need factors led you to this conclusion?

_____

_____

What services, if any, should this person receive?

_____

_____

What services, if any, should this person *not* receive?

_____

_____

Module 2 Quiz

Directions: Each statement in Column A describes one principle of Risk-Need-Responsivity theory. To the right of each statement, circle the RNR principle in Column B that best describes the statement. Each response in Column B may be used once, more than once, or not at all.

Column A	Column B		
Cognitive-behavioral therapies are the most effective form of intervention for justice-involved populations.	Risk	Need	Responsivity
Justice system personnel should match the level of service to the offender's potential to re-offend.	Risk	Need	Responsivity
Use cognitive behavioral interventions that consider strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual.	Risk	Need	Responsivity
Assess the dynamic risk factors that are highly correlated with criminal conduct, and target them in treatment.	Risk	Need	Responsivity
Offender recidivism can be reduced if the level of treatment services provided to the offender is proportional to the offender's risk to re-offend.	Risk	Need	Responsivity
High risk offenders need to be placed in programs that provide more intensive treatment and services while low-risk offenders should receive minimal or even no intervention.	Risk	Need	Responsivity
Effective treatment should not focus on addressing non-criminogenic needs, because changes in non-criminogenic needs are not associated with reduced recidivism.	Risk	Need	Responsivity

Notes

Module 3: Mental Health and Substance Use

Module Overview

Module 3 will inform you about mental health and substance use disorder diagnoses and treatment for the justice-involved veteran population. Lesson 1: Mental Health will draw your attention to unique aspects of military trauma before providing an overview of mental health issues prevalent in justice-involved veterans. Mental health symptomology, diagnostic criteria, and related treatment approaches are also discussed. In Lesson 2: Substance Use, you will learn about common substance use issues among veterans and deepen your understanding of the relationship between mental health and substance use for justice-involved veterans. Both lessons together aim to increase practitioners' competency in working with justice-involved veterans who may be struggling with mental health and/or substance use issues.

Performance Objectives for Participants

- Gain insight into the context in which military service members experience trauma
- Learn about mental health disorders that affect veterans
- Recognize common symptoms of disorders prevalent in the veteran population
- Gain an understanding of effective treatment approaches to several mental health and substance use disorders

References and Recommended Reading

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Lesson 1: Mental Health

Lesson Preview:

After returning home, many veterans cope with significant mental health issues resulting from their service. Service members experience trauma in a variety of contexts which can lead to a variety of mental health challenges. In this lesson, you will first gain an understanding of military trauma and related mental health conditions. Later in the lesson, you will learn about several mental health screening tools validated for use with justice-involved veterans, as well as evidence-based approaches to treatment.

Topics:

- Trauma in the Military
- Military Sexual Trauma
- Traumatic Brain Injury
- Skills Building: Screening for TBI
- Treatment for Traumatic Brain Injury
- Post-traumatic Stress Disorder
- Skills Building: Screening for PTSD
- Skill Building: Criminal Responsibility Screening
- Treatment for Post-Traumatic Stress Disorder
- Moral Injury
- Comorbidity
- Mood Disorders
- Anxiety Disorders
- Suicide
- Adjustment Disorder/Stress Response Syndrome
- Skills Building: Other Mental Health Screens
- Barriers to Treatment
- Mental Health Conclusion

Lesson 2: Substance Use

Lesson Preview:

Substance use disorders (SUDs) are a significant issue for justice-involved veterans. This issue is further compounded by the fact that many veterans with substance use issues also struggle with co-occurring mental health conditions, many of which you learned about during the previous lesson. In this lesson, you'll learn about alcohol use disorder and prescription drug abuse, two of the most common substance use disorders among justice-involved veterans. This lesson also highlights several SUD screening tools, evidence-based interventions, and barriers to treatment.

Topics:

- Substance Use Disorders in Veterans
- Alcohol Use Disorder
- Prescription Drug Abuse
- Substance Use Disorder Treatment: Continuum of Care
- Substance Use Disorder Treatment: Contingency Management Approach
- Substance Use Disorder Treatment: Motivational Interviewing
- Active Listening
- Module 3: Conclusion

Module 3 Quiz

1. Briefly describe some of the contexts in which military service members experience trauma. In your response, provide at least one example each of combat and noncombat-related trauma.

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_____

_____

_____

_____

2. What substance use disorders are most prevalent among justice-involved veterans?

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_____

3. Name three evidence-based treatments used with veterans suffering from PTSD.

1. _____
2. _____
3. _____

4. Validated screening tools such as the Trauma Screening Questionnaire (TSQ) and Combat Exposure Scale can accurately identify veterans who require PTSD treatment.

TRUE FALSE

5. What are some of the most common barriers to mental health treatment for veterans?

_____

_____

_____

Notes

Module 4: Navigating Veterans' Resources

Module Overview

A variety of important benefits and services are available to veterans and to their families from the Department of Veterans Affairs and other agencies, but navigating this complex maze of resources is a confusing and frustrating experience for many veterans. In Module 4, you'll discover the wide array of resources available to veterans through the federal government and elsewhere. In Lesson 1: Navigating the Federal Department of Veterans Affairs, you'll learn about the branches of the VA – the Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration. In Lesson 2: Other Veteran Resources, you'll become familiar with veterans' resources outside the federal VA including state departments of Veterans Affairs, community-based organizations, and the so-called Big Six veteran service organizations.

Performance Objectives for Participants

- Distinguish between the benefits-related roles of regional VBA offices versus the care and treatment-related roles of local VHA medical centers and community-based outpatient clinics, called CBOCs.
- Identify the range of VA services available to assist justice-involved veterans.
- Understand the role of the Veterans Justice Outreach specialist as the point of contact for needed treatment resources.

References and Resources

The American Legion: https://www.legion.org/

Department of Veterans Affairs and the Department of Defense: https://www.ebenefits.va.gov

Directory of State Veterans Affairs Offices: https://www.va.gov/statedva.htm

Disabled American Veterans (DAV): https://www.dav.org/

Federal Benefits for Veterans, Dependents and Survivors:

https://www.va.gov/opa/publications/benefits_book/2016_Federal_Benefits_for_Veterans.pdf

Iraq and Afghanistan Veterans of America: https://iava.org/

Justice for Veterans: https://justiceforvets.org/

National Association of County Veterans Service Officers: https://www.nacvso.org/

National Association of Drug Court Professionals: http://www.nadcp.org/

National Association of State Directors of Veterans Affairs: http://www.nasdva.us/

National Cemetery Administration: https://www.cem.va.gov/

National Coalition for Homeless Veterans: http://www.nchv.org/

Paralyzed Veterans of America: https://www.pva.org/

U.S. Department of Labor Veterans Initiatives: http://www.veterans.gov/ and https://www.dol.gov/vets/programs/

U. S. Department of Veterans Affairs: https://www.va.gov

VA Directory of Veteran and Military Service Organizations: https://www.va.gov/vso/VSO-Directory.pdf

Veterans Benefits Administration (VBA) eBenefits application: https://www.ebenefits.va.gov

by phone: 800-827-1000

Vet Center Call Center: https://www.vetcenter.va.gov/ phone: 1-877-WAR VETS

Veterans Crisis Line Resource Locator: https://www.veteranscrisisline.net/GetHelp/ResourceLocator.aspx

Veterans of Foreign Wars: https://www.vfw.org/

Veterans Health Administration: Suicide Prevention 1-800-273-8255, Press 1

- Visit www.MilitaryCrisisLine.net if you are Active-duty, Reserve, or Guard
- For a confidential online chat session: www.VeteransCrisisLine.net/chat
- Text message **838255** to connect to a VA responder

VA Health Benefits Online resources: https://www.va.gov/HEALTHBENEFITS/apply/index.asp

- By Phone: 1-877-222-VETS (8387)

Veterans Justice Outreach: http://www.va.gov/HOMELESS/VJO.asp

Veteran Service Organizations: https://www.va.gov/vso/VSO-Directory.pdf

Vietnam Veterans of America: https://vva.org/

Wounded Warrior Project (WWP): https://www.woundedwarriorproject.org/

Lesson 1: Navigating the U.S. Department of Veteran Affairs

Lesson Preview:

In this lesson, you'll be introduced to the overall structure of the U.S. Department of Veterans Affairs and learn about the three components of the VA – the Veterans Benefits Administration (VBA), the Veterans Health Administration (VHA), and the National Cemetery Administration (NCA). This lesson provides resources and program elements useful to criminal justice professionals when matching veterans to needed services. It also explores the role of Veterans Justice Outreach specialists, or "VJOs," who serve as conduits to VA services in courts and correctional facilities, and in partnership with criminal justice staff.

Topics:

- VA: Mission and Values
- What is the VA?
- National Cemetery Administration
- Overview of the Veterans Benefits Administration
- Applying for VBA Benefits
- Homeless Veterans Outreach Coordinators
- Overview of the Veterans Health Administration
- Organization of the VHA
- VHA Services
- Vet Centers
- VHA: Homelessness, Housing, and Employment Programs
- The Veterans Justice Outreach Program
- VA: Conclusion

Excerpt from 38 C.F.R. § 17.38(c)

(c) In addition to the care specifically excluded from the "medical benefits package" under paragraphs (a) and (b) of this section, the "medical benefits package" does not include the following:

(1) Abortions and abortion counseling.

(2) In vitro fertilization. Note: See § 17.380.

(3) Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption (IDE) or an Investigational New Drug (IND) application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.

(4) Gender alterations.

(5) Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services. This exclusion does not apply to veterans who are released from incarceration in a prison or jail into a temporary housing program (such as a community residential re-entry center or halfway house).

(6) Membership in spas and health clubs.

38 C.F.R. § 17.38(c)*

Full statute available at: https://www.law.cornell.edu/cfr/text/38/17.38

Lesson 2: Other Veterans' Resources

Directions: Select the best answer to the following multiple choice-questions about the veterans' resources discussed in Module 4.

Lesson Preview:

In this lesson, you'll learn about veteran resources, services, assistance and benefits available to veterans outside the federal VA, including state departments of Veterans Affairs, community-based/non-profit organizations, and the so-called Big Six veteran service organizations.

Topics:

- Introduction to Other Veterans' Resources
- State Departments of Veterans Affairs
- Community-Based/Non-Profit Organizations
- The Big Six Veterans Service Organizations
- Module 4 Conclusion

1. **Which one of the following is not a primary branch of the Department of Veterans Affairs?**
    a. National Cemetery Association
    b. Veterans Benefit Administration
    c. Veterans' Affairs Office of General Counsel
    d. Veterans Health Administration

2. **Which one of the following statement(s) correctly describes the limits on services provided to justice-involved veterans through the Veterans Health Administration (VHA)?**
    a. Incarcerated veterans cannot access VHA medical benefits for the duration of their incarceration.
    b. All justice-involved veterans have access to healthcare through the VHA.
    c. A veteran may be able to retain VHA health care while incarcerated, if (s)he was discharged under honorable conditions.
    d. Veterans convicted of a felony offense will become permanently ineligible for VHA healthcare.

3. **Which one of the following is not a factor in determining eligibility for VBA benefits?**
    a. Age
    b. Income
    c. Discharge status
    d. Marital status

4. **What is the role of a County Veterans Service Officer (CVSO)?**
    a. A CVSO administers assessments to identify the veterans' healthcare needs.
    b. A CVSO provides guidance to veterans and their families related to the benefits available from federal, state, county, and local resources.
    c. A CVSO reviews veterans' benefits applications and makes decisions related to benefits eligibility.
    d. A CVSO oversees veteran treatment courts and jail/prison outreach programs.

5. **If you are working with a veteran struggling to find stable housing, which of the following resources would likely be most useful?**
    a. A County Veterans Service Officer
    b. A Homeless Veterans Outreach Coordinator (HVOC)
    c. A Veterans Service Organization representative
    d. Your local VHA healthcare facility.

Module 4 Quiz

Notes

Module 5: Responsivity and Justice-Involved Veterans

Module Overview

In Lesson 1: Case Management you'll learn about case management, including the functions and tasks of the case manager, and discover how case management can improve outcomes for justice-involved veterans. In Lesson 2: Responsivity in the Criminal Justice System, participants will learn about several aspects of responsivity in the criminal justice system: veterans treatment courts, procedural justice, domestic violence issues, and corrections-based programming for veterans. Lesson 2 also introduces the sequential intercept model for justice-involved veterans and explains how this model can help practitioners both identify opportunities for linkage to services and prevent further involvement in the criminal justice system.

Performance Objectives for Participants

- Identify case management principles and case management models
- Understand the role of a case manager in improving outcomes for justice-involved veterans
- Incorporate case management skills that can be used in the criminal justice arena
- Understand the operating structure of veterans treatment courts
- Be able to identify practical applications of procedural justice
- Establish a foundation regarding domestic violence in the veteran population
- Recognize the presence of correctional institution-based programs for veterans

References and Recommended Reading

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- https://www.youtube.com/watch?v=psmZ3gnl5Ek

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Washington Post, Veterans Jail Blocks (2018) https://www.washingtonpost.com/national/health-science/us-jails-increasingly-setting-aside-cellblocks-for-veterans/2018/01/10/22742192-f5c7-11e7-9af7-a50bc3300042_story.html?utm_term=.973874002fd6

Lesson 1: Case Management

Lesson Preview:

In the criminal justice system, justice-involved veterans might work with staff who apply case management tools or perform the role of a case manager. A case manager can be pivotal in assisting a veteran in obtaining benefits and providing that veteran with services and information that is not readily accessible. In this lesson, participants will receive an overview of the functions and tasks of case management and discover how case management can improve outcomes for justice-involved veterans.

Topics:

- Needs Assessment
- Role of the Case Manager
- Case Management Functions and Tasks
- Case Management Principles
- Case Planning
- SMART Case Plans
- Skills Building: Case Study

Activity: Case Management Principles

Instructions: Match each principle in Column A with its definition in Column B and example in Column C. Fill in the blanks next to each principle in Column A with the letters of its definition and example from Columns B and C.

Column A Principle	Column B Definition	Column C Example
Evidence-based: ____ ____	a. When working with a client, a case manager should encourage, empathize, listen, reflect, and explore any resistance a client may display.	1. A case manager asks their client open ended questions to elicit responses that empower the client to come to their own conclusions.
Strengths-based: ____ ____	b. Case managers must prioritize the need for protection and well-being of the surrounding community, while also advocating for their client.	2. A case manager suggests that a veteran bring her family to one of their meetings to discuss the treatment plan with them and make a referral for family therapy.
Relationship-based: ____ ____	c. Case management should leverage the strengths, skills, and existing resources of a client to enhance and promote the recovery process.	3. A case manager locates a non-faith-based 12-step meeting group for a client who identifies as an atheist.
Team-based: ____ ____	d. Services provided must be necessary to support change or recovery.	4. A client loses his job because he showed up drunk. At his next session, his case manager asks him to reflect on how his behavior contributed to his termination.
Meaningful: ____ ____	e. Case managers should ensure that clients focus on how their behavior contributes to their success. Case managers should encourage clients to recognize behaviors that are not consistent with treatment plan goals.	5. Using a validated risk-need assessment tool to inform case planning.
Motivational: ____ ____	f. Case management may involve a group of professionals working together to address a client's needs. The case manager serves as a bridge to all of the integrated comprehensive services.	6. A case manager recommends weekly AA meetings to most of her clients, but since a new client has not been assessed as having any issues with alcohol, she does not recommend that he attend the meetings because they would not be beneficial to his progress.

Change-based: ____ ____	g. Case management must account for a client's identity, culture, and ethnicity.	7. A veterans treatment court case manager has a client who drove to his session after having a few drinks. The case manager holds onto his client's key, insists that he take a taxi home, and reports the behavior to the court.
Culturally-proficient: ____ ____	h. The case manager emphasizes continual client improvement and guards against stagnation of progress.	8. A client has been in a treatment program for more than a year and after great improvements, his progress has plateaued. They decide to re-evaluate the treatment plan together and the case manager suggests that he focus his efforts on finding a job.
Family-focused: ____ ____	i. When appropriate, case management should take a holistic approach by including the client's family in the recovery process.	9. Helping a veteran get a job using the skills that he or she acquired in the military.
Accountability-based: ____ ____	j. The relationship between case manager and client is built on mutual respect, honesty, and trust. The case manager collaborates with the client to identify suitable resources and services together.	10. A case manager sees a client at a restaurant, and the client invites the case manager to dine together. The case manager politely declines, and during the next case management session reminds the client about the boundaries of their relationship.
Public-safety focused: ____ ____	k. Case managers need to be aware of appropriate boundaries with clients. Also, case managers must always respect the confidentiality of their relationship with a client.	11. The client signs consent forms so that the case manager can receive reports from the treatment provider, mental health professional, and/or vocational-educational counselor. The case manager uses this information to coordinate services.
Ethically-sound: ____ ____	l. Case management utilizes methodology that is rigorously tested through research and practice.	12. During initial sessions, a client shares information with a case manager and expresses that they feel judged by the case manager. The two discuss how the case manager can establish the client's trust.

Skills Building: Case Study

In this scenario, you're a case manager in a court-based program and Victor is your new client. Read the following vignette and then answer the accompanying questions in small groups.

Victor is a 27-year-old veteran of the war in Afghanistan. Back home in Colorado, Victor was involved in an automobile collision that resulted in severe injuries to the individuals in the car he hit. He tells you that he is experiencing feelings of sadness and guilt because of the accident. He has been charged with a DUI and has lost his driver's license. He is a skilled contractor, but needs his car to get to work. He tells you he needs to get his license back to return to work. He acknowledges that since the war, he drinks more alcohol than he would like and his family have been encouraging him to seek help. During your initial meeting, Victor appears to lose focus, stating that it was because he has been having trouble sleeping.

What goals, action steps, strengths, and resources would you consider when developing Victor's case plan? What additional information would you try to get to help you develop the case plan?

Goals:

_____

_____

_____

_____

Action steps:

_____

_____

_____

_____

Strengths:

_____

_____

_____

_____

Resources:

_____

_____

_____

_____

Additional information needed:

_____

_____

_____

_____

Lesson 2: Responsivity in the Criminal Justice System

Lesson Preview:

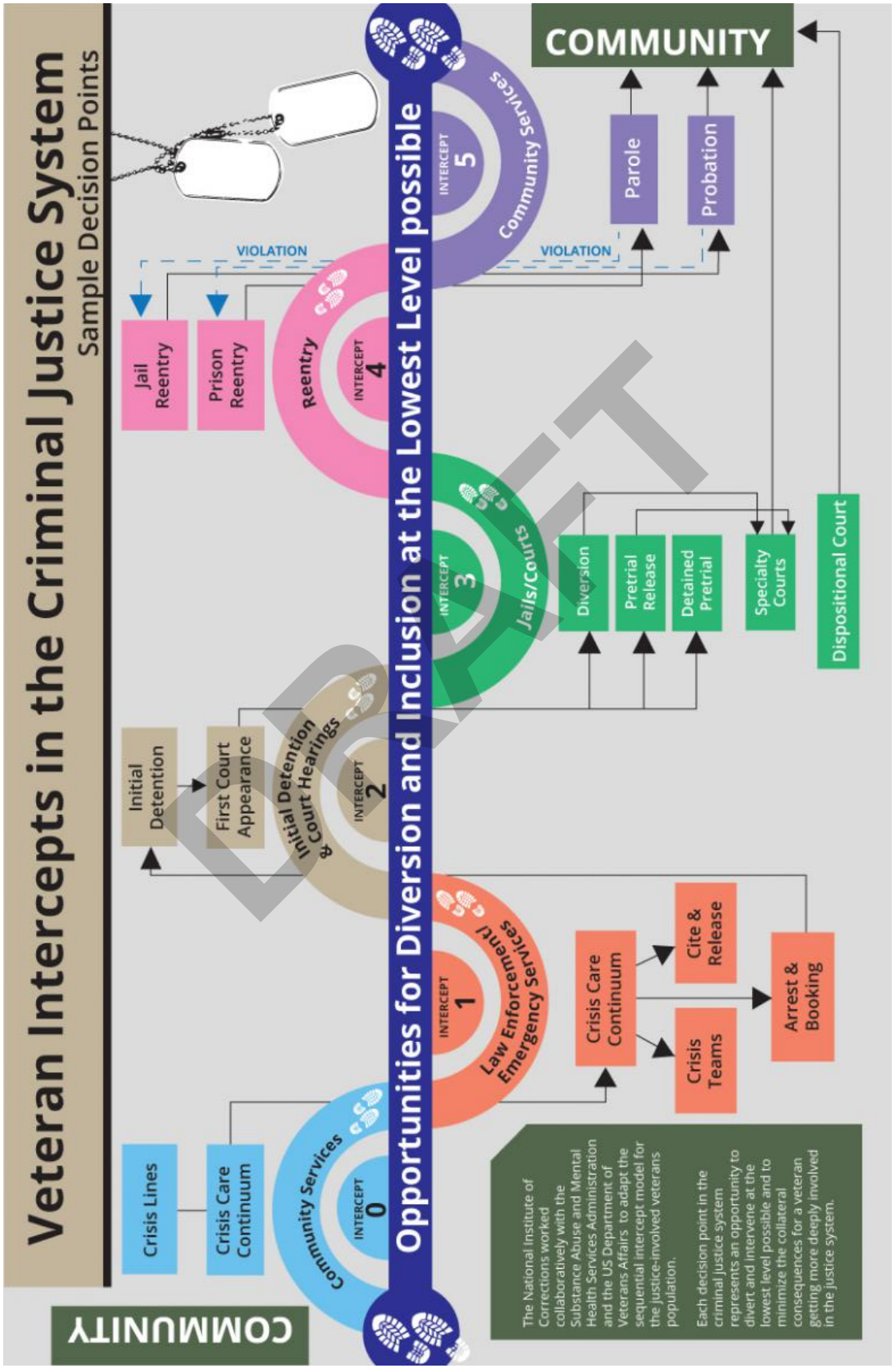
The collateral consequences for someone involved in the justice system can be difficult to overcome. Negative consequences can include having a harder time finding a job, difficulty finding safe and sustainable housing, and interruptions in family dynamics and relationships. For a veteran, this can also include an interruption of VA benefits if they are incarcerated.

For these reasons, the justice system must aim to be responsive to the needs of veterans and practitioners should assist veterans by utilizing appropriate court- and corrections-based programming. Veterans treatment courts are perhaps the most well-known example of court-based veterans justice programs, but there are many ways that courthouses can and should be responsive to the needs of veterans in the criminal justice system, even outside the VTC setting. This section will introduce several aspects of responsivity in the criminal justice system: veterans treatment courts, procedural justice, diversion programs, domestic violence issues, and programming in prisons and jails. The section will begin with an introduction to the sequential intercept model for justice-involved veterans.

Topics:

- Sequential Intercept Model for Justice-Involved Veterans
- Introduction to Veterans Treatment Courts
- Guiding Principles of Veterans Treatment Courts
- Veterans Treatment Court Team Members
- Veteran Peer Mentors
- Accountability
- Procedural Justice
- Domestic Violence
- Jail-Based Programming
- Using Screening to Streamline Sentencing and Disposition for Veterans
- Module 5 Conclusion

Sequential Intercept Model for Justice-Involved Veterans



The 10 Key Components of Veterans Treatment Court

Key Component #1: Veterans Treatment Court integrates alcohol, drug treatment, and mental health services with justice system case processing.

Veterans Treatment Courts promotes sobriety, recovery and stability through a coordinated response to veteran's dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

Key Component #4: Veterans treatment court provides access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma. Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors' interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.
Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.
Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance.

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

Key Component #7: Ongoing judicial interaction with each veteran is essential.

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program.

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations.

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among veterans treatment court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances veteran treatment court effectiveness.

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

Key Component #	Practical Application/Example

Procedural Justice: 4 Key Elements and Examples

Voice—verbal strategies:

- Provide individuals with an opportunity to tell their side of the story
- Tell individuals when there will be an opportunity to speak/ask questions
- Paraphrase what you hear to demonstrate active listening
- Consider other opportunities to solicit feedback about the experience (e.g., surveys, comment cards)

Voice—non-verbal strategies:

- Sincere tone of voice
- Open-handed gestures
- Lengthy pause
- Have eye contact when listening, or explain why not
- Orient your body toward the speaker

Neutrality—verbal strategies

- State fairness as a goal
- Explain the decision-making process and possible constraints
- Avoid perceptions of preference for certain court players, e.g., prosecutors over public defenders

Neutrality—non-verbal strategies:

- Use consistent behaviors with each person
- Use a neutral but open face: relax mouth, lift eyebrows slightly

Respect—verbal strategies:

- Introduce yourself and the format of the session
- Greet each individual by name
- Thank individuals for their on-time appearance and cooperation
- Inform participants that you might have to interrupt to keep them on track; respectfully redirect if necessary

Respect—non-verbal strategies:

- Monitor your vocal tone and inflections
- Turn toward and have eye contact with person with whom you're interacting
- Avoid confrontational gestures
- Work to maintain a respectful frame of mind – your attitude will be reflected in your non-verbal communication

Understanding—verbal strategies:

- Use initial dialogue to assess English language abilities
- Use simple, non-jargon words
- Ask individuals to repeat back their understanding

- Tell individuals they can have a short break to ask their lawyer questions
- Check clarity, placement, and amount of signage
- Check reading level of forms and written materials
- Ensure that rules and procedures are written down and explained orally

Understanding—non-verbal strategies:

- Use natural pace and inflections, especially when delivering routine statements
- Pause, make eye contact, and check reactions
- Slow down if person seems confused or overwhelmed

Power and Control Wheel

Figure 1: The danger assessment tool

The Danger Assessment Tool was developed in 1985 and revised in 1988 after reliability and validity studies were done. Completing the Danger Assessment can help a woman evaluate the degree of danger she faces and consider what she should do next. Practitioners are reminded that the Danger Assessment is meant to be used with a calendar to enhance the accuracy of the battered woman's recall of events. The Danger Assessment can be printed from http://www.son.jhmi.edu/research/CNR/homicide/DANGER.htm, which also gives directions regarding permission for use.

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.

Copyright 1985, 1988

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

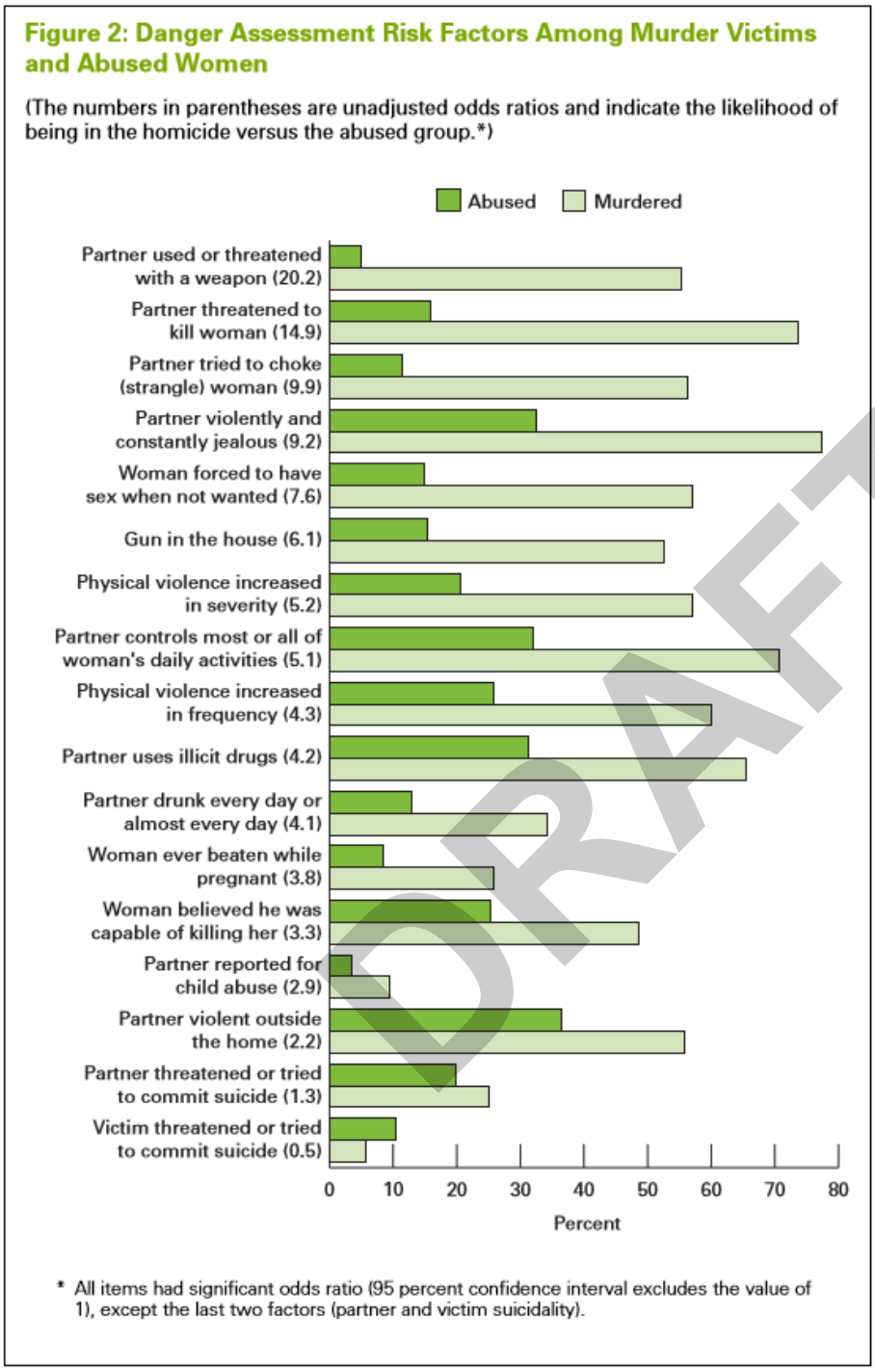
Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

____ 1. Has the physical violence increased in frequency over the past year?
____ 2. Has the physical violence increased in severity over the past year and/or has a weapon or threat from a weapon ever been used?
____ 3. Does he ever try to choke you?
____ 4. Is there a gun in the house?
____ 5. Has he ever forced you to have sex when you did not wish to do so?
____ 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs, or mixtures.
____ 7. Does he threaten to kill you and/or do you believe he is capable of killing you?
____ 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
____ 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him, check here: ____)
____ 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
____ 11. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
____ 12. Have you ever threatened or tried to commit suicide?
____ 13. Has he ever threatened or tried to commit suicide?
____ 14. Is he violent toward your children?
____ 15. Is he violent outside of the home?

____ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.

Figure 2: Danger assessment risk factors among murder victims and abused women



The Danger Assessment study found that women who were threatened or assaulted with a gun were 20 times more likely than other women to be murdered. Women whose partners threatened them with murder were 15 times more likely than other women to be killed.

WHAT IS DOMESTIC VIOLENCE?

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional/psychological abuse. The frequency and severity of domestic violence varies dramatically.

DID YOU KNOW?

- In the United States, an average of 20 people are physically abused by intimate partners every minute. This equates to more than 10 million abuse victims annually.[i]
- 1 in 3 women and 1 in 4 men have been physically abused by an intimate partner.[ii]
- 1 in 5 women and 1 in 7 men have been *severely* physically abused by an intimate partner.[iii]
- 1 in 7 women and 1 in 18 men have been stalked. Stalking causes the target to fear she/he or someone close to her/him will be harmed or killed.[iv]
- On a typical day, domestic violence hotlines nationwide receive approximately 20,800 calls.
- The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.[v]
- Intimate partner violence accounts for 15% of all violent crime.[vi]
- Intimate partner violence is most common among women between the ages of 18-24.[vii]
- 19% of intimate partner violence involves a weapon.[viii]

WHY IT MATTERS

Domestic violence is prevalent in every community, and affects all people regardless of age, socio-economic status, sexual orientation, gender, race, religion, or nationality. Physical violence is often accompanied by emotionally abusive and controlling behavior as part of a much larger, systematic pattern of dominance and control. Domestic violence can result in physical injury, psychological trauma, and even death. The devastating consequences of domestic violence can cross generations and last a lifetime.

SEXUAL ASSAULT

- 1 in 5 women and 1 in 59 men in the United States is raped during his/her lifetime.[ix]
- 9.4% of women in the United States have been raped by an intimate partner.[x]

STALKING

- 19.3 million women and 5.1 million men in the United States have been stalked.[xi]
- 66.2% of female stalking victims reported stalking by a current or former intimate partner.[xii]

HOMICIDE

- 1 in 3 female murder victims and 1 in 20 male murder victims are killed by intimate partners.[xiii]
- A study of intimate partner homicides found 20% of victims were family members or friends of the abused partner, neighbors, persons who intervened, law enforcement responders, or bystanders.[xiv]
- 72% of all murder-suicides are perpetrated by intimate partners.[xv]
- 94% of murder-suicide victims are female.[xvi]

If you are in crisis, contact The National Domestic Violence Hotline at 1-800-799-SAFE (7233) or www.TheHotline.org.

Please visit the **National Coalition Against Domestic Violence**'s website at **www.ncadv.org** for more fact sheets, membership information and valuable resources.

Suggested citation: NCADV. (2015). *Domestic violence national statistics*. Retrieved from www.ncadv.org

National Coalition Against Domestic Violence Fact Sheet

PHYSICAL/MENTAL EFFECTS

- Victims of intimate partner violence are at increased risk of contracting HIV or other STI's due to forced intercourse and/or prolonged exposure to stress. [xvii]
- Intimate partner victimization is correlated with a higher rate of depression and suicidal behavior.[xviii]
- Only 34% of people who are injured by intimate partners receive medical care for their injuries.[xix]

ECONOMIC EFFECTS

- Victims of intimate partner violence lose a total of 8,000,000 million days of paid work each year, the equivalent of 32,000 full-time jobs.[xx]
- Intimate partner violence is estimated to cost the US economy between $5.8 billion and $12.6 billion annually, up to 0.125% of the national gross domestic product.[xxi]
- Between 21-60% of victims of intimate partner violence lose their jobs due to reasons stemming from the abuse.[xxii]
- Between 2003 and 2008, 142 women were murdered in their workplace by former or current intimate partners. This amounts to 22% of workplace homicides among women.[xxiii]

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If you are in crisis, contact The National Domestic Violence Hotline at 1-800-799-SAFE (7233) or www.TheHotline.org.

Please visit the **National Coalition Against Domestic Violence**'s website at **www.ncadv.org** for more fact sheets, membership information and valuable resources.

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Practice Recommendations for Justice-Involved Veterans Based on Risk and Need

		RISK (Prognosis)	
		High	**Low**
NEED (Diagnosis)	**High**	Referral to VTC or other treatment court: • Case supervised by multidisciplinary team • Intensive treatment and habilitation • Frequent drug testing, court hearings, incentives & sanctions • Charges dropped or reduced upon completion of treatment	Referral to VA: • Case supervised by VJO or VSR case manager • Intensive treatment and habilitation • VJO or VSR monitors compliance in treatment and reports progress to probation, court and prosecutor • Charges dropped or reduced upon completion of treatment
	Low	Referral to intensive probation: • Case supervised by probation officer • Frequent drug testing, probation sessions home or employment visits, incentives & sanctions • Intensive habilitation (e.g., job training, housing) • Probation term reduced contingent on satisfaction of conditions, engagement in prosocial activities	Referral to pre-trial diversion: • Case supervised by pretrial officer • Brief psycho-educational groups (e.g., alcohol education) • Charges dropped or reduced upon completion of brief curriculum

Module 5 Quiz

Instructions: Based on your knowledge of the quadrant model discussion in Lesson 2, fill in the blanks below with the level of risk and need (high/low) to complete each service recommendation.

1. Veterans identified as _____risk / _____ need typically require a
   high / low **high / low**
   combination of intensive supervision, treatment, and habilitation services.

2. Veterans identified as _____ risk / _____ need often benefit from brief psycho-
   high / low **high / low**
   educational counseling and diversion out of the criminal justice system.

3. Veterans identified as_____ risk / _____ need typically require treatment and
   high / low **high / low**
   habilitation services, but usually do not require (and may be negatively impacted by) intensive supervision.

4. Veterans identified as _____risk / _____ need often require supervision and
   high / low **high / low**
   habilitation, but typically do not require substance use or mental health treatment.

Notes

List of Screening and Assessment Tools

Risk assessment instruments intended to predict general recidivism:

- Level of Service Inventory—Revised (LSI-R)
- Level of Service Case Management Inventory (LS/CMI)
- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
- Ohio Risk Assessment System (ORAS)
- Federal Post Conviction Risk Assessment (PCRA)
- Risk Prediction Index (RPI)
- Risk and Needs Triage (RANT)
- Static Risk Tool
- Wisconsin Risk and Need Assessment Scale (WRN)

Risk assessment tools designed to predict violence:

- Historical, Clinical, Risk Assessment-20 (HCR-20)
- Psychopathy Checklist- Revised (PCL-R)
- Static-99
- Spousal Assault Risk Assessment (SARA)
- Sexual Violence Risk-20 (SVR-20)

Brief screening tools for PTSD in the veteran population:

- PTSD Checklist – Military Version (PCL-M)
- Combat Exposure Scale (CES)
- Short Screening Scale for PTSD
- Trauma Screening Questionnaire (TSQ)
- The Deployment Risk and Resilience Inventory-2 (DRRI-2)

Structured diagnostic interviews for PTSD in the veteran population:

- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
- PTSD Symptom Scale - Interview (PSS-I)
- Structured Clinical Interview for the DSM-IV Axis I Disorders (SCID PTSD Module)
- Structured Interview for PTSD (SI-PTSD)

Brief screening tools validated for use in jail or court settings for mental health and substance use disorders:

- Brief Jail Mental Health Screen (BJMHS)
- Criminal Justice Drug Abuse Treatment System
- Co-Occurring Disorder Screening Instrument (CJ-CODSI)
- Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
- Symptom Checklist-90-Revised (SCL-90-R)

- AUDIT
- CAGE

Structure diagnostic interviews for mental health and substance use disorders:

- Global Appraisal of Individual Needs (GAIN)
- Structured Clinical Interview for the DSM-5 (SCID-5)
- Psychiatric Research Interview for Substance and Mental Disorders (PRISM)
- NIMH Diagnostic Interview Schedule (DIS)